

eight months, with pelvic pains, pressure on the bowel, and rapidly declining health. Diagnosis, carcinoma of the cervix with intraligamentous ovarian cyst on the left side. Total vaginal extirpation of the uterus was performed, the organ being firmly adherent. As the operation was long and difficult and the patient was exhausted, it was decided not to remove the cyst. The recovery was uneventful.

Congenital Displacement of the Kidney in the Pelvis—MÜLLERHEIM (*Ibid.*) reports the case of a woman, aged fifty years, in whom the uterus and rectum were displaced to the right by the left kidney, which was adherent to the sacrum. The congenital nature of the anomaly was proved by the absence of any evidence of inflammation, the normal arrangement of the renal vessels, and the shortness of the ureter. The practical importance of this anomaly was demonstrated by cases in which rupture of the parturient uterus has been caused by the dystocia due to the displaced kidney. Others have been reported in which the organ was mistaken for an ovarian tumor.

This condition, which is due to faulty development of the Wolffian duct, is to be distinguished from movable kidney, in which the organ was originally in its normal position. Dystopia of the kidney is really the result of an arrested development, the organ remaining in the position which it occupied in the embryo. Accompanying congenital defects in the uterus and adnexa are quite common.

Pelvic Hæmatocoele Associated with Cancer and Tuberculosis.—GARDNER (*Montreal Medical Journal*, January, 1897) reports two cases which he regards as unique in his experience. Whether the vascular changes leading to the effusion of blood were the result of the malignant disease or simply coexisted with it was not certain. In one case abdominal section was performed for adenocarcinoma of the ovary, in the other for tuberculosis of the tubes. There was no evidence of ectopic gestation in either instance.

Operative Treatment of Pruritus Vulvæ.—DIRNER (*Centralblatt für Gynäkologie*, No. 5, 1897) reports the following case: a multipara, aged sixty-five years, who had reached the climacteric twenty years before, had suffered for three years with itching and burning of the external genitals so severe that she was unable to sleep. The clitoris and labia majora were dry and cracked. There was no sugar in the urine. As medicinal treatment failed to give relief, the writer excised the affected tissue according to Sänger's method, from the mons to the fossa navicularis, including the clitoris, the wound being closed with sutures of silver wire and covered with iodoform-collodion. Primary union occurred, and the patient was discharged cured at the end of two weeks, the itching having entirely ceased.

The writer believes that pruritus vulvæ, when due neither to diabetes nor to the micro-organisms present in an irritating vaginal discharge, is really a dermatoneuritis, as described by Sänger, due to subacute inflammation of the papillæ and fibrosis of the bodies of Pacini, Krause, and Meissner, and can, as a rule, only be cured surgically.

PATHOLOGY AND BACTERIOLOGY.

UNDER THE CHARGE OF

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Bacteriuria in a Child.—Under this title CLOPATT, of Helsingfors (*Revue Mensuelle des Maladies de l'Enfance*, October, 1896, p. 480), reports a case observed in a delicate girl of five years. Six months before symptoms referable to the bladder were observed she had suffered from a persistent diarrhoea lasting for two months. This was shortly succeeded by pertussis, which had reached the stage of decline when it was noticed that she had irregular evening rise of temperature with vomiting, independent of the paroxysms of her whooping-cough. Attention was now directed to the urinary organs by the fetid odor arising from the urine. Examination of the external genitals showed no disease, but urine drawn by sterilized catheter had a fetid, almost putrid odor, showed an acid reaction, and was cloudy but not opaque in appearance. After repeated filtration the liquid became clearer, but still showed a cloud when shaken. Microscopically, few leucocytes were found; but numerous freely motile rod-bacteria, which proved to be the *bacterium coli commune*.

Under daily lavage of the bladder with solutions of nitrate of silver, varying from 1 to 2000 to 1 to 1000, the urine became clear, free from odor, and sterile in about two weeks.

In this case the etiology is obscure, but it is probable that the attack of enteritis was responsible for the infection, since the *bacterium coli commune* existing in the liquid stools might readily reach the bladder through the urethra in a female.

It is remarkable that the colon-bacillus, which is in general pathogenic for the urinary tract, could be present in the urine in such a concentrated form without provoking cystitis. Krogus believes that the lack of conditions affecting the integrity of the mucosa of the urinary tract, such as would be caused by retention of urine or by calculus, accounts for the harmlessness of the bacterium in such cases, and that patients suffering from bacteriuria are especially liable to cystitis if exposed to unfavorable influences affecting the urinary tract.

The author advises antiseptic lavage, especially for children, since he believes that so dangerous a drug as salol could not be safely given in doses necessary to prevent the further development of the bacterium.

Presence of the Loeffler Bacillus after Ablation of the Tonsil.—LICHTWITZ (*Société de Biologie*, March 9, 1896) has made cultures of exudates formed upon the surface of the wound after ablation of the tonsil by the electrothermic loop, and in eleven out of twenty-seven cases he has found

the Klebs-Loeffler bacillus; in two cases the bacillus was present alone, and in nine was associated with the staphylococcus, streptococcus, leptothrix, or micrococci. With the sixteen other patients there were no diphtheria-germs, but divers other micro-organisms. The condition of those patients bearing the Loeffler germ differed in no respect from that of the others, and in all of the cases the wound healed equally well without the need of specific medication in the diphtheritic cases.

Putrefaction of Proteids in the Stomach.—Though much attention has been paid to the fermentative changes in the carbohydrates which are met with in the stomach, but little study has been given to the abnormal fermentative or putrefactive process which occurs at the expense of the proteids of the food. Among the products of this process hydrogen sulphide, H_2S , is not infrequently met with and is particularly disagreeable because of its offensive odor.

A case of this type, in which hydrogen sulphide putrefaction was a prominent feature, has been carefully studied by STRAUSS—*Berliner klinische Wochenschrift*, 1896, No. 18. Bacteriological examination of the stomach-contents disclosed the presence of a germ corresponding closely to the characters of bacillus coli communis—it grew characteristically on gelatin and agar, produced gas and acid when grown in sugar-broth, coagulated milk with production of acid, produced indol in sugar-free broth, and on potato formed a somewhat brownish, abundant growth. It was furthermore ascertained that bacillus coli communis regularly produces hydrogen sulphide in detectable quantity when grown in an abundant amount of ordinary agar or in pepton-water, and in pepton-broth in an atmosphere of hydrogen.

The symptoms of the case varied somewhat, and it was found that a peculiar relationship existed between the production of hydrogen sulphide and lactic acid formation. At the beginning of the illness, when the symptoms were severe, hydrogen sulphide was present in considerable quantity, but no lactic acid was detected; but later, when the symptoms had subsided somewhat, lactic acid was present, while hydrogen sulphide was not found. In seeking an explanation of this fact it was found that the addition of grape-sugar to stomach-contents undergoing the hydrogen sulphide fermentation brought this quickly to an end with a coincident abundant formation of carbon dioxide as the result of fermentation of the sugar. This suggests, of course, that in the sugar the bacillus coli finds a more easily assimilable food than in proteids, and we have thus an explanation of the well-known fact that the administration of carbohydrates tends to lessen proteid putrefaction in the stomach.

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